

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>106894</i>	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9	1						59			
10	1						60			
11	1						61			
12	1						62			
13	1						63			
14	1						64			
15	1						65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24	1						74			
25	1						75			
26	1						76			
27	1						77			
28	1						78			
29	1						79			
30	1						80			
31	1						81			
32	1						82			
33	1						83			
34	1						84			
35	1						85			
36	1						86			
37	1						87			
38	1						88			
39	1						89			
40	1						90			
41	1						91			
42	1						92			
43	1						93			
44	1						94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	38	↙		↙		↙	TOTAL DEP.	↙	↙	↙
TOTAL CLAIMS	42						TOTAL CLAIMS			